

# FORMS FOR BID

FOR CONSTRUCTION ON STATE HIGHWAY IN IN SAN BERNARDINO AND RIVERSIDE COUNTIES NEAR TWENTYNINE PALMS FROM 11 MILES EAST OF IRONAGE ROAD TO 0.7 MILE WEST OF COLORADO RIVER AQUEDUCT

In District 08 On Route 62 Under

Notice to Bidders and Special Provisions dated April 20, 2015

Standard Specifications dated 2010

Project plans approved November 17, 2014

Standard Plans dated 2010

To be submitted conjointly with Electronic *Bid* book dated April 20, 2015 Identified by Contract No. 08-0Q5004 08-SBd,Riv-62-66.0/91.0 Project ID 0800020411

Federal-Aid Project ACSTP-P062(037)E

### STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

## **DBE - COMMITMENT**

DES-OE-0102.10D (REV 12/2014)

ADA Notice

CONTRACT NO:							
BID AMOUNT: \$							
BID OPENING DATE:							
BIDDER'S NAME:							
DBE GOAL FROM CONTR	ACT %:						
DBE PRIME CONTRACTO	R CERTIFICATION <sup>1</sup> :	TOTAL NUMBER OF A	LL SUBCONTRACTS (DBE &	NON-DBE)	TOTAL VALUE OF ALL SUBCONTRA	CTS (DBE & NON-DBE)	
ITEM NO. SERVICES TO BE		D DESCRIPTION OF UBCONTRACTED OR BE PROVIDED <sup>2</sup>	WORK CATEGORY CODES <sup>3</sup>	NAME OF DBEs  (Must be certified on the date bids are opened. Include Caltrans' certification no., DBE address, and phone number. Show 2nd and lower tier subcontractors)		AMOUNT (\$)	
Show all DBE firms being each DBE shown stating shown for the specific an	that it will be participati		written confirmation from erform the specific work		Total Claimed Participation	<u>S</u>	
			be consistent with the		- dittorpation		
The names of the 1st tier DBE subcontractors and items of work must be consistent with the Subcontractor List (Pub Cont Code § 4100 et seq.).  1 Each DBE prime contractor must enter its certification number and show all work to be performed by DBEs, including work performed by its own forces.					The bidder acknowledges that it is committed to use the DBEs shown on this form to meet the contract goal (49 CFR 26.53).		
<sup>2</sup> If 100% of an item is not the item to be performed		nished by the DBE, de	scribe the exact portion of				
<sup>3</sup> Use Work Category Codes from the California Unified Certification Program database.					gnature of Bidder		
				Da	te (A	rea Code) Tel. No.	
				Pe	rson to Contact (Ple	ease Type or Print)	

For individuals with sensory disabilities, this document is available in alternate formats. For information, call (916) 445-1233, TTY 711, or write to Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

STATE OF	CALIECDNIA .	DEDARTMENT	OF TRANSPORTATION

# **DBE GOOD FAITH EFFORTS DOCUMENTATION**

DES-OE-0102.11A (REV 12/2014)

Bidder's Name:	
Contract No.: _	

Page 1 of 3

List items of work the Bidder made available to DBE firms. Identify items of work the Bidder might otherwise perform with its own forces, items that have been broken down into economically feasible units to facilitate DBE participation, and items for which the Bidder has established flexible time frames for performance and delivery schedules in a manner that encourages and facilitates DBE participation. For each item listed, show the dollar value and percentage of the total contract. The Bidder must demonstrate that sufficient work to meet the goal was made available to DBE firms.

ltem of Work Offered, Services Offered, or Materials Supplied	Bidder Normally Performs Item Yes/No		Item Broken Down to Facilitate Participation Yes/No		Established Flexible Timeframes for Performance and Delivery Schedules Yes/No		Amount (\$)	Percentage of Total Bid
	YES	Пио	YES	Пио	YES	NO		
	YES	□ио	YES	□ио	YES	□ NO		
	YES	□ио	YES	Пио	YES	□ NO		
	YES	□ №	YES	Пио	YES	NO		
	YES	□ №	YES	Пио	YES	□NO		
	YES	□ио	YES	□ио	YES	□ NO		
	YES	□ №	YES	□ио	YES	NO		
	YES	□ №	YES	Пио	YES	□ NO		
	YES	□ио	YES	Пио	YES	NO		
	YES	□ №	YES	□ио	YES	NO		
	YES	□ №	YES	Пио	YES	NO		
	YES	□ №	YES	Пио	YES	□ NO		
	YES	□ №	YES	Пио	YES	NO		
	YES	□ №	YES	Пио	YES	□ NO		
	YES	□ио	YES	Пио	YES	NO		
	YES	□ио	YES	□ио	YES	NO		
	YES	□ №	YES	Пио	YES	□ NO		
	YES	Пио	YES	Пио	YES	□ NO		
	YES	□ио	YES	Пио	YES	□ NO		
	YES	□ №	YES	Пио	YES	NO		

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

DBE	GOOD	<b>FAITH</b>	<b>EFFORTS</b>	DOCUMENTA	ATION

Contract No.:	

Bidder's Name:

DES-OE-0102.11A (	REV 12/2014)						Page 2 of 3
					nclude the items of work offered a n copies of solicitations. e-mail me		
Name of DE	Name of DBE Solicited		tial Solicitation	ltems o	f Wark Offered	Follow Up Me	ethods and Dates
	vided quotes, th	e price quote for ea	ach firm, and the price	difference for each DB	specific to the items of work being E if the selected firm is not a DBE ract.		
Items of Work	Specifications	ed Plans/ for Work Offered es/No	Name of Selected Firm	DBE or Non-DBE	Name of Rejected Firm	Quote (\$)	Price Difference (\$)
	YES	□ NO					
	YES	Ои					
	YES	Ои					
	YES	Ои					
	YES	Пио					
	YES	Пио					
	YES	Ои					
	YES	□ NO					
	YES	□NO					
If the firm selected for the Provide evidence as to					nd attach names, addresses, and	phone numbers for the	firms listed above.

### STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

$\sim \sim \sim \sim$	EFFADTO	DOCUMEN	I エ A エIへ N I

Bidder's Name	: <u> </u>
Contract No.:	

DES-OE-0102.11A (REV 12/2014)	(10 DOCOMENTATION		Page 3 of 3
Describe the Bidder's outreach efforts to ide documents.	entify and solicit the interest of all certified DBEs	s that have the capability to perform the work o	fthe Contract. Provide copies of supporting
Description of Outreach	Location (if applicable)	Results	
	de interested DBEs with adequate information a assisted, the type of information provided, and		
<ol><li>Describe the Bidder's efforts made to assist dates. Provide copies of supporting document</li></ol>	tinterested DBEs in obtaining bonding, lines of s.	credit, or insurance. Identify the DBEs assister	d, the type of assistance offered, and the
equipment the DBE purchases or leases from documents. List efforts made to assist interest	tinterested DBEs in obtaining necessary equip the prime contractor or its affiliate. Identify the led DBEs in obtaining bonding, lines of credit, in boontractor purchases or leases from the prime	DBEs assisted, the type of assistance offered, nsurance, necessary equipment, supplies, mat	and the dates. Provide copies of supporting erials, or related assistance or services,
List the names of agencies and the dates opprovide copies of supporting documents.	n which they were contacted to provide assistar	nce in contacting, recruiting, and using DBE fir	ms. If the agencies were contacted in writing,
9. Include additional data to support a demons	stration of good faith efforts		
e. maide dedicant deta le supporte demons	and on a good man on one.		
NOTE: LISE ADDITIONAL SHEETS OF PARK	ED IE NECESSADV		

ADA Notice For individuals with sensory disabilities, this document is available in alternate formats. For information, call (916) 445-1233, TTY 711, or write to Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.